

Commonwealth of Kentucky
Energy and Environment Cabinet
Department for Environmental Protection

DIVISION FOR AIR QUALITY

Emissions Unit # _____

Emissions Point # _____

DEP7007BB
CERTIFIED PROGRESS REPORT
For Agency Use Only
ID # _____
Permit # _____
Date Received _____

This form shall be completed pursuant to 401 KAR 50:020, Section 10 for each item of equipment being constructed or modified in accordance with the Compliance Schedule For Noncomplying Emission Units (DEP7007AA).

SOURCE INFORMATION		
1) Applicant Name		
2) Source Street Address		
3) City	4) Date Form Prepared	5) Source ID No: (If Known)
6) Construction Permit No.: (if applicable)		
7) Identify the emission unit being constructed or modified.		
8) Identify the unique designation of this emission unit as given on the applicable process flow diagram in the application on file with the Division.		
9) Describe activities during reporting period leading to compliance, including dates when activities were completed.		
10a) Milestones identified in the application to be completed during this reporting period or actually completed during this reporting period		
Milestone	Scheduled Completion Date	Actual Completion Date
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

10b) Explanation why scheduled dates for milestones were not met, if any, including preventive or corrective measure(s) adopted

11a) Future milestones identified in the application which will not, or may not, be met, if any

Milestone	Scheduled Completion Date	Anticipated Completion Date
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

11b) Explanation of why scheduled dates will not, or may not, be met; including preventive or corrective measure(s) adopted

SIGNATURE BLOCK

12) I, THE UNDERSIGNED, HEREBY CERTIFY UNDER PENALTY OF LAW, THAT I AM A RESPONSIBLE OFFICIAL, AND THAT I HAVE PERSONALLY EXAMINED, AND AM FAMILIAR WITH, THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ITS ATTACHMENTS. BASED ON MY INQUIRY OF THOSE INDIVIDUALS WITH PRIMARY RESPONSIBILITY FOR OBTAINING THE INFORMATION, I CERTIFY THAT THE INFORMATION IS ON KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE OR INCOMPLETE INFORMATION, INCLUDING THE POSSIBILITY OF FINE OR IMPRISONMENT.

BY _____
Authorized Signature

_____/_____/_____
Date

Typed or Printed Name of Signatory

Title of Signatory